

Utah Department of Health
Prevention, Treatment and Care Program
Refugee Health Screening Consultant Request for Statement of Qualifications

The Prevention, Treatment and Care Program seeks to procure medical consultants for refugee health screenings for federal fiscal year 2019 (October 1, 2018 through September 30, 2019). Qualified individuals will be added to a state-wide closed-ended approved vendor list.

I. Application Process

A completed Statement of Qualifications must be submitted to the Program by August 31, 2018.

The Program will notify approved vendors by **September 30, 2018**. Please submit completed statements to:

Prevention, Treatment & Care Program
Utah Department of Health
Attn: Marsha Latham
P.O. Box 142104
SLC, UT 84114-2104
mlatham@utah.gov

II. Minimum Mandatory Requirements

Vendor(s) must meet the following minimum mandatory requirements:

- A. Current Utah medical license;
- B. At least 4 years' experience conducting refugee domestic health screenings; and,
- C. Current approved Medicaid provider.

III. Approved Vendor List

- A. Vendor(s) who 1) submit a responsive statement of qualifications and 2) meet the minimum mandatory requirements and evaluation criteria will be added to the Approved Vendor List.
- B. Vendor(s) included on the Approved Vendor List are the only entities authorized to participate in the Refugee Health Screening Consultant procurement.
- C. Vendor(s) may be removed from the Approved Vendor List due to failure to meet the requirements set forth in the application and/or failure to maintain a current Utah medical license and/or poor performance as documented by the Program.

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Vendor Information:

Name

Federal Tax Identification Number or Social Security Number

Address

Phone Number

Email

Vendor Qualifications:

1. Is the Vendor licensed to practice medicine in the State of Utah?
If yes, please provide medical license number and copy of current license.
2. Does the Vendor have experience conducting domestic refugee health screenings?
If yes, please describe experience; description should include 1) number of years of experience conducting screenings; 2) familiarity with CDC screening guidelines; 3) training/certifications; and 4) number or years of experience working with Utah Department of Health, local health departments and private providers.
3. Is the Vendor willing to adhere to the CDC Domestic Medical Screening Guidelines and Utah Health Screening Guidelines?
(<http://health.utah.gov/epi/healthypeople/refugee/>)
4. Is the Vendor able to provide consultation services to refugees within 30 days of their arrival to Utah?
If yes, please describe availability including days of week and hours. Please also describe method for prioritizing refugee health screenings in order to meet the 30 day requirement.
5. Is the Vendor willing and able to participate in the bi-monthly Refugee Health Screening Coordination Meeting? (Requires attendance at a 6 (1) hour meetings)
6. Is the Vendor willing and able to submit health screening results utilizing systems established by the Program?
7. Does the Vendor have the capacity to provide language interpretation services?
If yes, please describe method for securing appropriate language interpretation services.
8. The Vendor acknowledges and accepts that coordination and clinical performance is monitoring on a monthly basis through benchmark and quality control reports.

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Vendor Payment:

1. Does the Vendor accept the hourly consultant rate of \$100.00?
2. Is the Vendor able and willing to bill applicable co-payments to the Program?
3. Does the Vendor accept Medicaid payment and consulting fee as payment in full with the understanding that no costs shall be billed to the patient?
4. Is the Vendor able to invoice the Program on a monthly basis?

Evaluation Qualifications:

1. **Licensing:** The Vendor shall maintain licensure with the Utah Department of Commerce, Division of Occupational and Professional Licensing at all times while providing services under this agreement.
2. **Experience:**
 - a. The Vendor must demonstrate a minimum of **4** years of experience conducting domestic health screenings.
 - b. The Vendor must demonstrate familiarity with CDC screening guidelines.
3. **Availability and Access:**
 - a. The Vendor must demonstrate the ability to conduct health screenings within 30 days of an individual's arrival to Utah.
 - b. The Vendor must demonstrate that they are an approved Medicaid provider and have the capacity to bill Medicaid.
4. **Payment:** The Vendor must demonstrate acceptance of the standard consultant rate and have an ability to invoice the Program on a monthly basis.

(Signature)

(Date)

Printed Name:

Title:
